

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Perry Butler

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah Butler			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Henry White			How related to deceased	none

CAUSES OF DEATH

64

Primary	Cerebral Hemorrhage	How long	2 1/2 days
Immediate	Aphasia	How long	Progressive

Are the name, age, sex, color, date and place correctly given above?

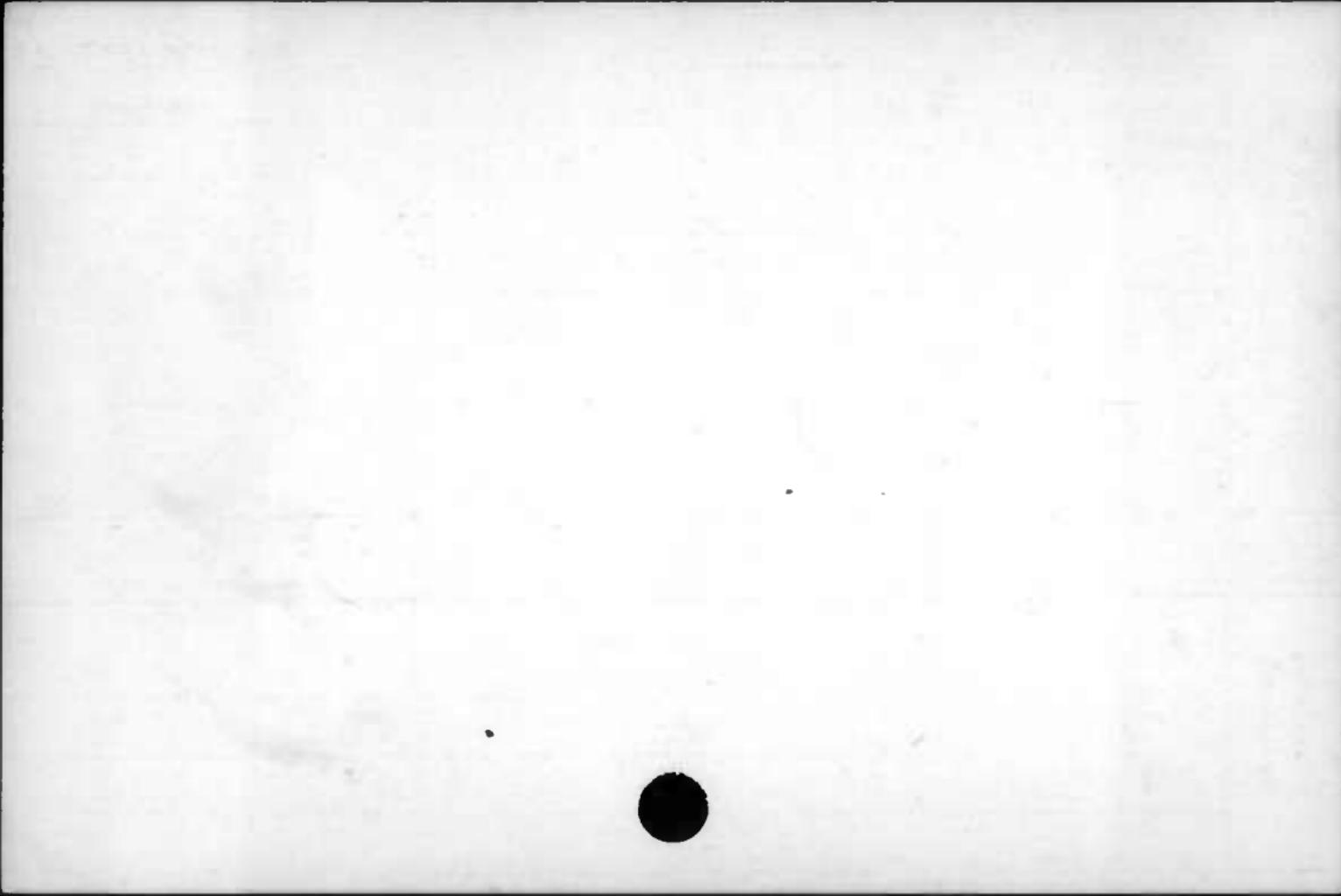
Yes

Signature of Physician

Address

H. H. L. Russell
Highland

Accident or Suicide?



Name
in
Full

(born) Annie Eugenia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>now</u> Mount View		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	11	12	one	six	-	
Sex	Female	Color or Race	white	Birth- place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Edward P. Gross</u>					
Mother's Maiden Name	<u>Mary M. Werner</u>					
Name of person giving Information	<u>Edw. Gross</u>					

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

one hour

Immediate

Are the name, age, sex, color, date
and place correctly given above?

✓

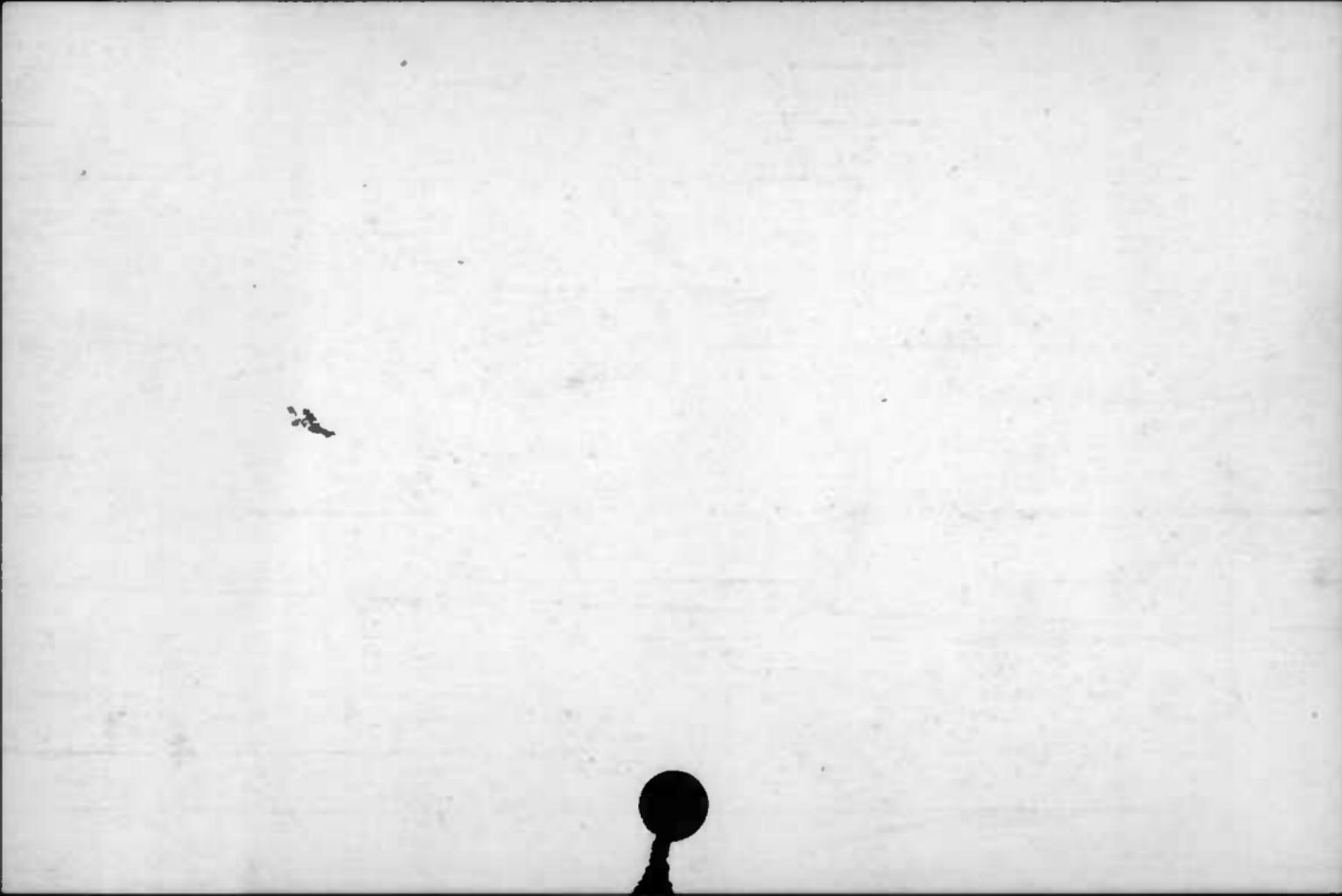
Signature of
Physician

M. Monte Sneed, M.D.

Address

Sykesville, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hermione F. Dennis				CERTIFICATE OF DEATH		
near Ellicott City		Town	Howard		County	MARYLAND
Died at	Date of death 1907	Month Nov.	Day 25	Years 71	Age	Months Days
Sex Female	Color or Race	White		Birth-place	Georgia	
Occupation House Duties	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband	Edward P. Dennis		Father's Birthplace	Conn.	
Father's Name Limer Rose			Mother's Birthplace	N. Carolina		
Mother's Maiden Name Lavinia Blount			Name of person giving Information	Eugene Dennis	How related to deceased	Son

CAUSES OF DEATH

(46)

Primary

Abdominal tumor

How long

6 mos

Immediate

Asthma

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Jurush Rogers
Ellicott City, Md.

Accident or Suicide?

Greenwood County
Brooklyn N.Y.

Name
in
Full

Albert Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at	Howard					
Date of death 1907	Month Nov	Day 28	Years 31	Age	Months	Days
Sex Male	Color or Race Labourer	Birth-place Md				
Occupation Labourer	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Nicholas Howard	Father's Birthplace Md					
Mother's Maiden Name Martha Gardner	Mother's Birthplace Md					
Name of person giving Information	How related to deceased	Brother				

CAUSES OF DEATH

27

How long

How long

Impression.

PHYSICIAN
OR CORONER

Primary

Pulmonary Sustentaculus & m.s.

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

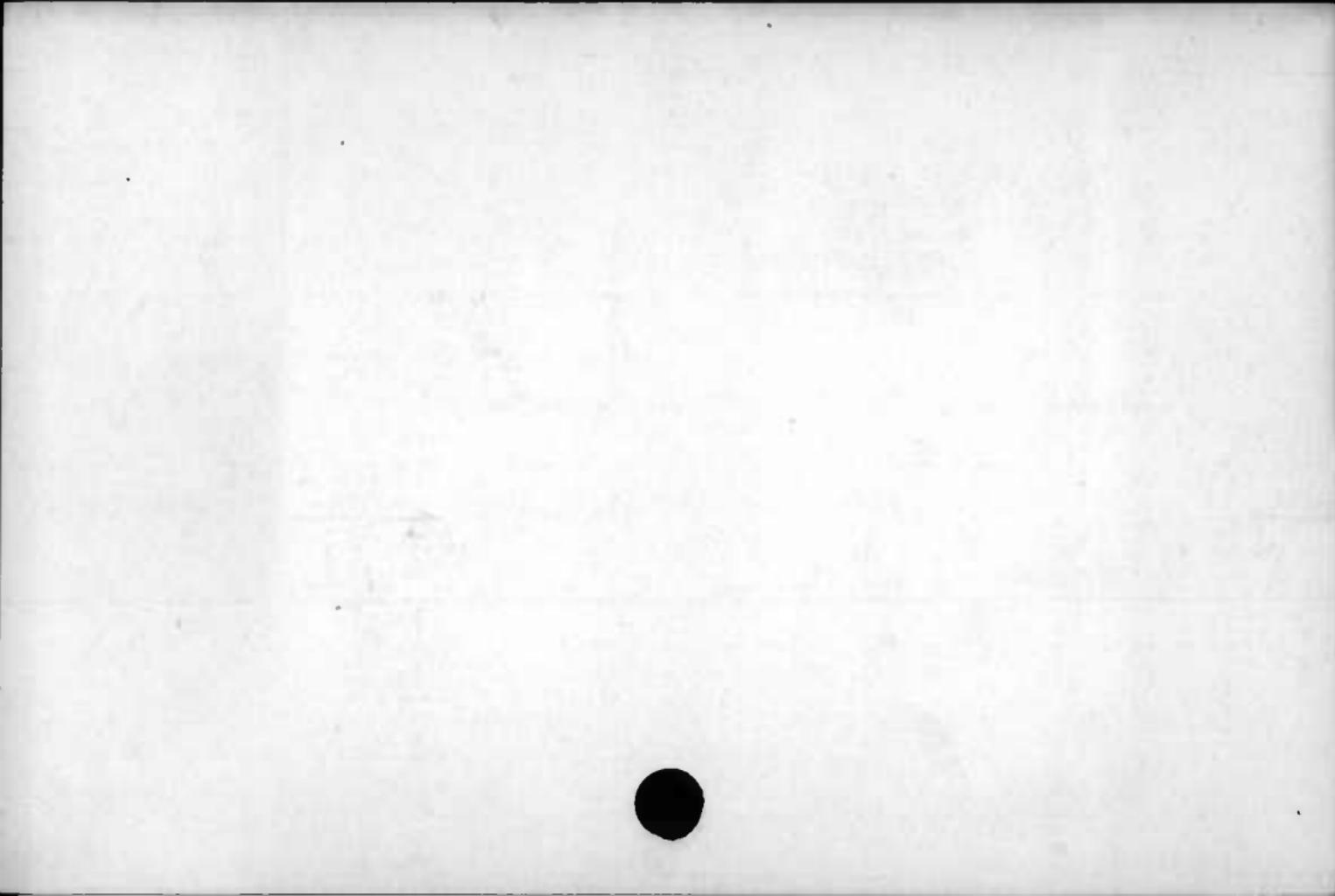
Signature of Physician

Address

W.C. Shore

Elliott City

Accident or Suicide?



Name
in
Full

James Walter Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

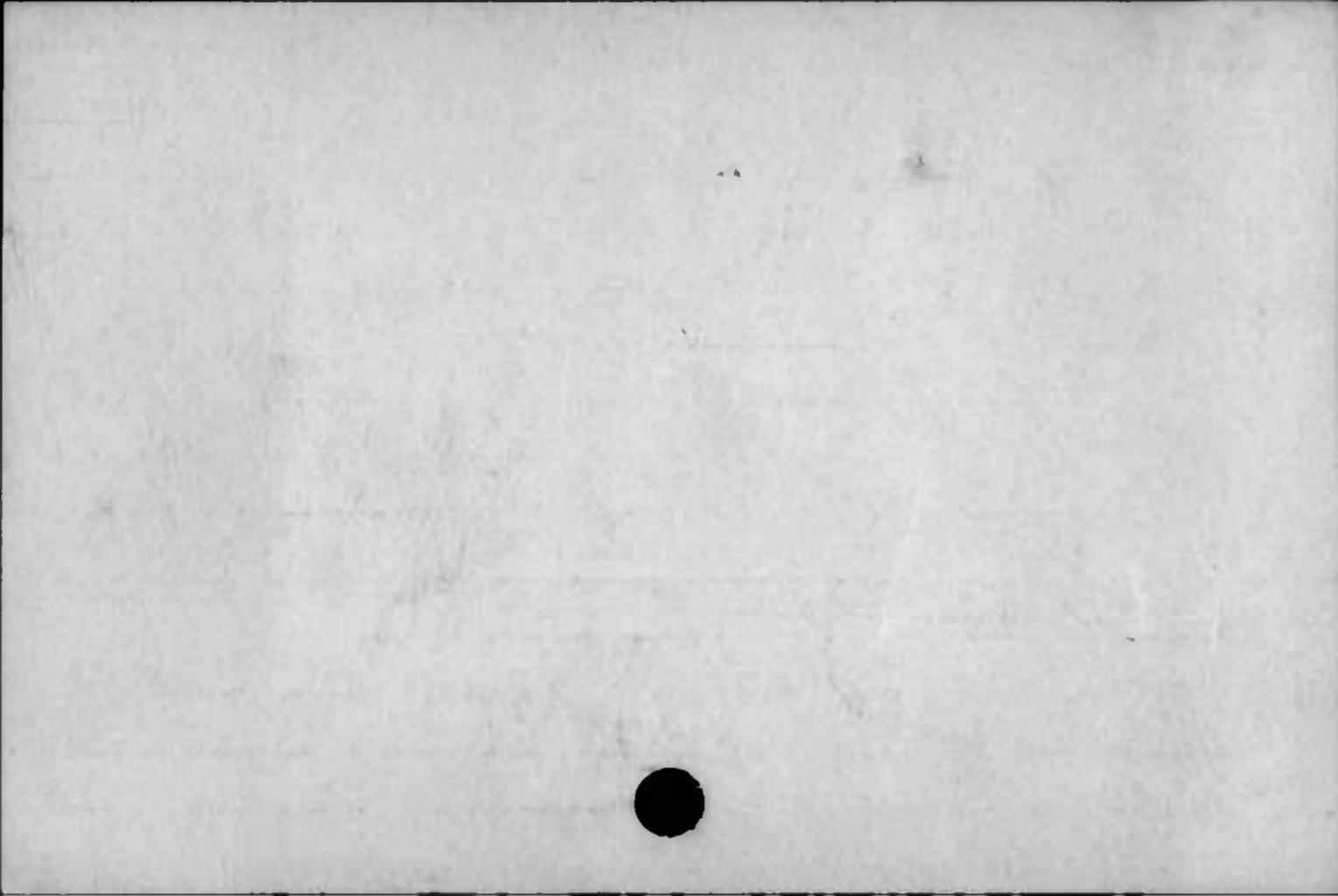
Died at	Town	County	MARYLAND
Eek Ridge	Howard		
Date of death	Month	Day	Years Months Days
1907	Nov.	8	Age 7 0 28
Sex	Male	Color or Race	Colored
Occupation	none	Where Residing if not at place of death	Eek Ridge, Md.
Husband, Single or Widowed	Name of Wife or Husband	None	
Father's Name	Robert Hawkins	Father's Birthplace	Md
Mother's Maiden Name	Gorganna Johnson	Mother's Birthplace	Md.
Name of person giving Information	Gorganna Hawkins	How related to deceased	Mother

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary	Typhoid fever		
Immediate	Meningitis		
Are the name, age, sex, color, date and place correctly given above?	Yes		
Accident or Suicide?			
	Signature of Physician	Wm R. Erickson	
	Address	Eek Ridge, Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month Nov	Day 18	Years 85	Months	Days
Sex Female	Color or Race Black	Birthplace Md.			
Occupation Retired	Where Residing if not at place of death <i>Brax Savage</i>				
Married, Single or Widowed Yes	Name of Wife or Husband —				
Father's Name —	Father's Birthplace —				
Mother's Maiden Name —	Mother's Birthplace —				
Name of person giving information <i>Karen Sundeen</i>	How related to deceased Daughter				

CAUSES OF DEATH

134

How long

PHYSICIAN
OR CORONER

Primary

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

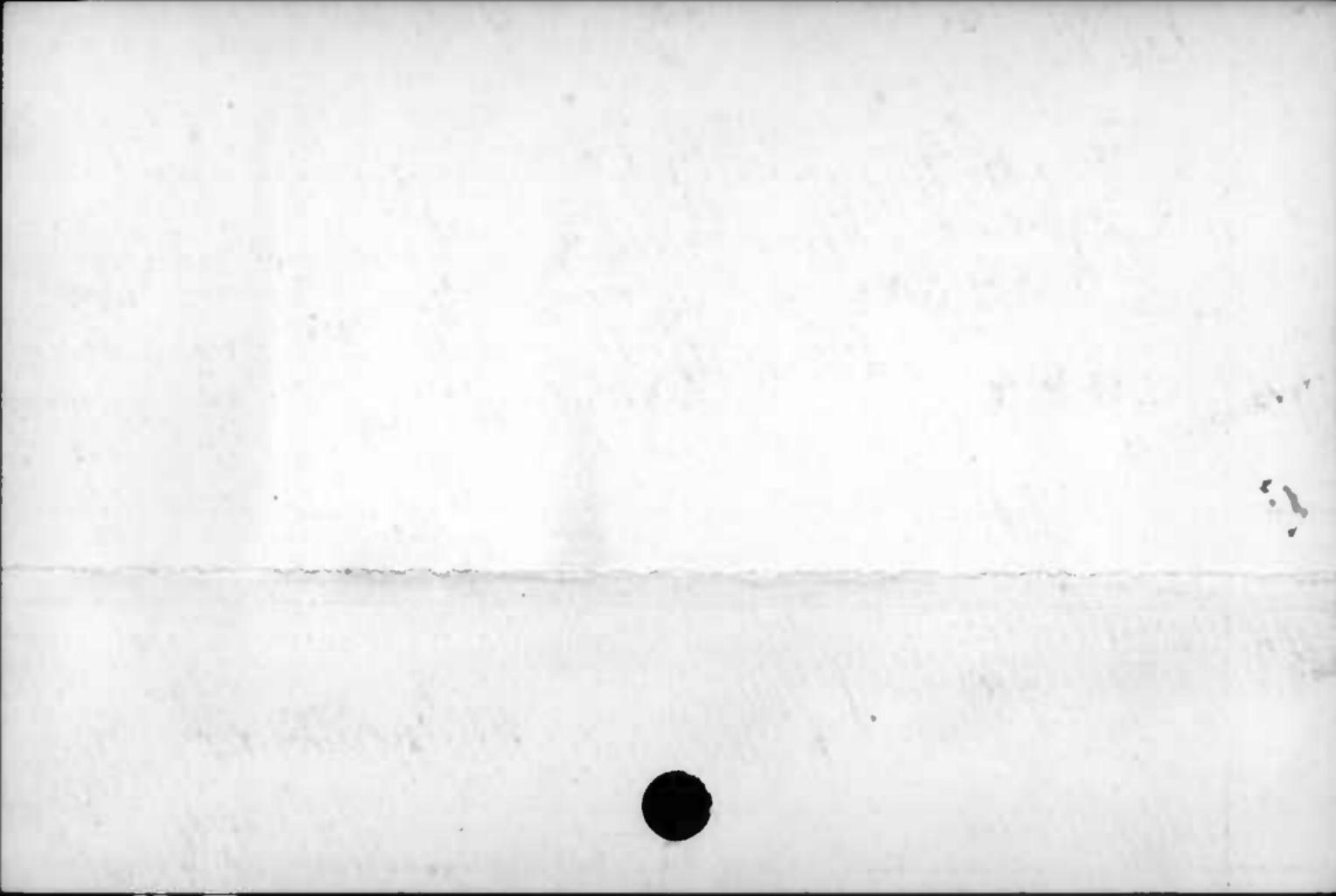
Yes

Signature of Physician

Address

*John Brummitt Jr.
Laurel Md.*

Accident or Suicide? —



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Agnes Lilly

CERTIFICATE OF DEATH

Died at Rover

Town

County

MARYLAND

Date of death 1907 Nov.

Month

Day

Years

Months

Days

18

Age

73

2

9

Sex Female

Color or Race

white

Birth-place

Maryland

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

David Lilly

Father's Birthplace

Maryland

Father's Name

Evan Robert Gaither

Mother's Birthplace

Maryland

Mother's Maiden Name

Sarah Ann Shipley

How related
to deceased

Husband

Name of person giving
Information

David Lilly

134

How long

How long

13 weeks

Primary

General Debility

Immediate

by exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

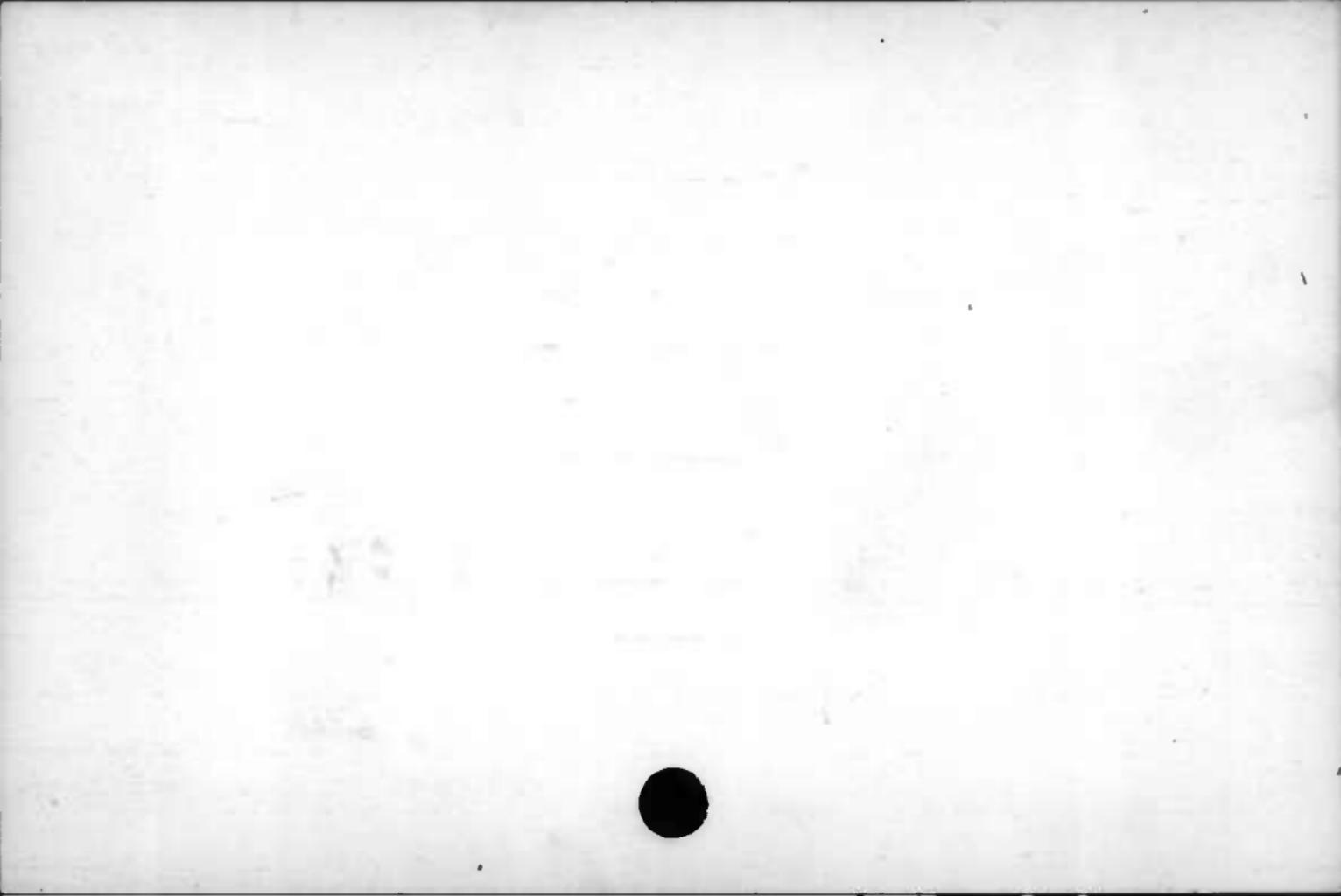
Signature of
Physician

Address

John L. Webb Jr.
West Friendship
Howard Co. Md.

Accident or Suicide?

no



Name
in
Full

Henson Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

attidom TownCounty
Howard

MARYLAND

Date
of death

1907

Month

11

Day

30

Years

11

Age

Months

Days

Sex

Male

Color or
Race

nigro

Birth-
place

Va -

Occupation

Farm Labor

Where Residing if not
at place of death

at his home

Married, Single
or Widowed

married

Name of Wife or
Husband

Kell Pearson

Father's
BirthplaceMother's
BirthplaceHow related
to deceasedFather's
NameMother's
Maiden NameName of person giving
Information

Isabelle Johnson

granddaughter

CAUSES OF DEATH

154

How long

3 years

Primary

Infirmities of age

How long

from marriage

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. M. Willium M.D.

Savage

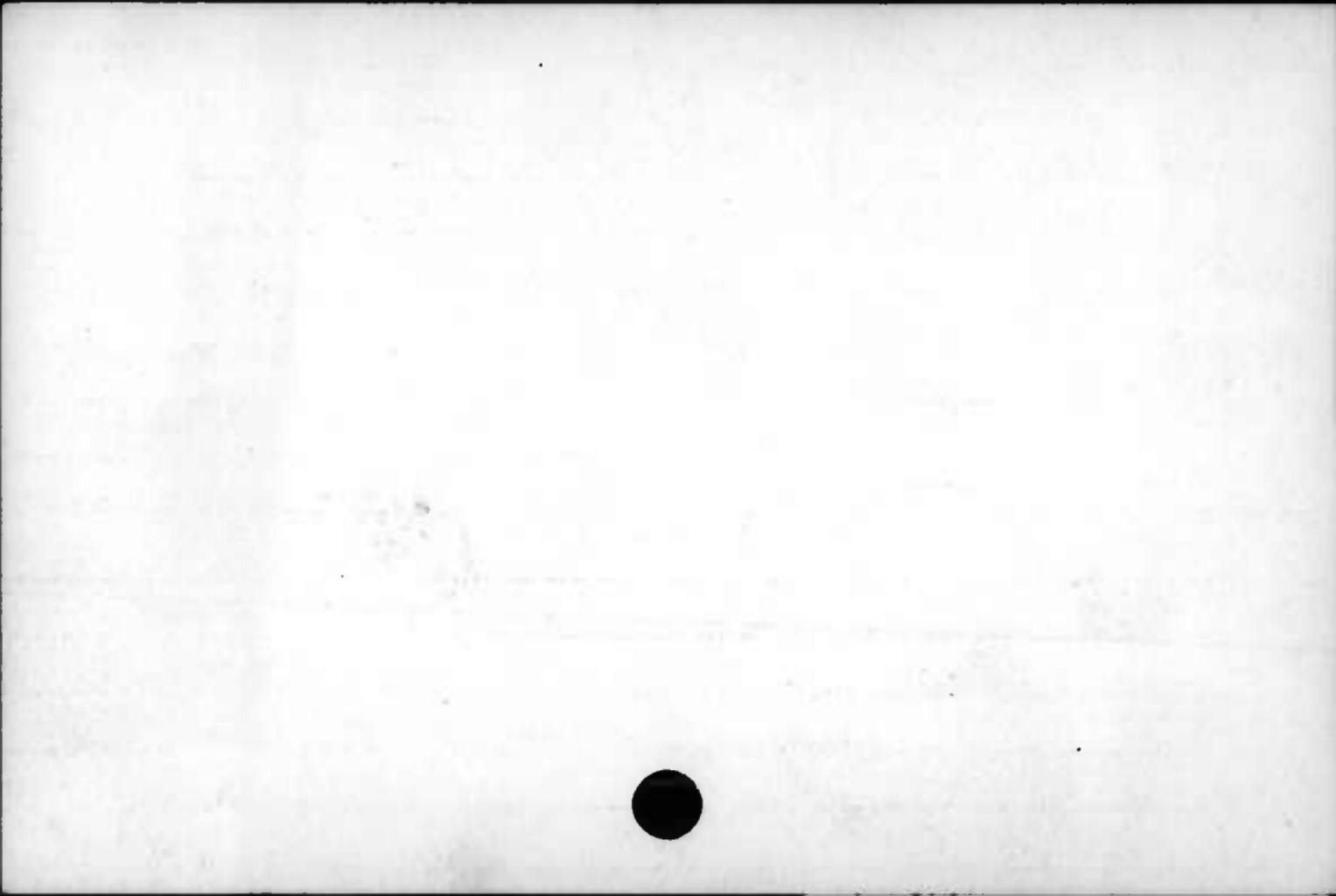
Md.

PHYSICIAN
OR CORONER

I

Accident or Suicide?

no



Name
In
Full

Matilda Jose Penn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 11	Day 21	Years 70	Months 11	Days 28
Sex Female	Color or Race white	Birth-place Montgomery Co Ind			
Occupation housewife	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name Greenbury Penn	Father's Birthplace Montgomery Co Ind		
Mother's Maiden Name Matilda Marwick		Mother's Birthplace Montgomery Co Ind			
Name of person giving information O.S. Beall	How related to deceased Nephew				

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

2 yrs.

Immediate

Septicemia

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

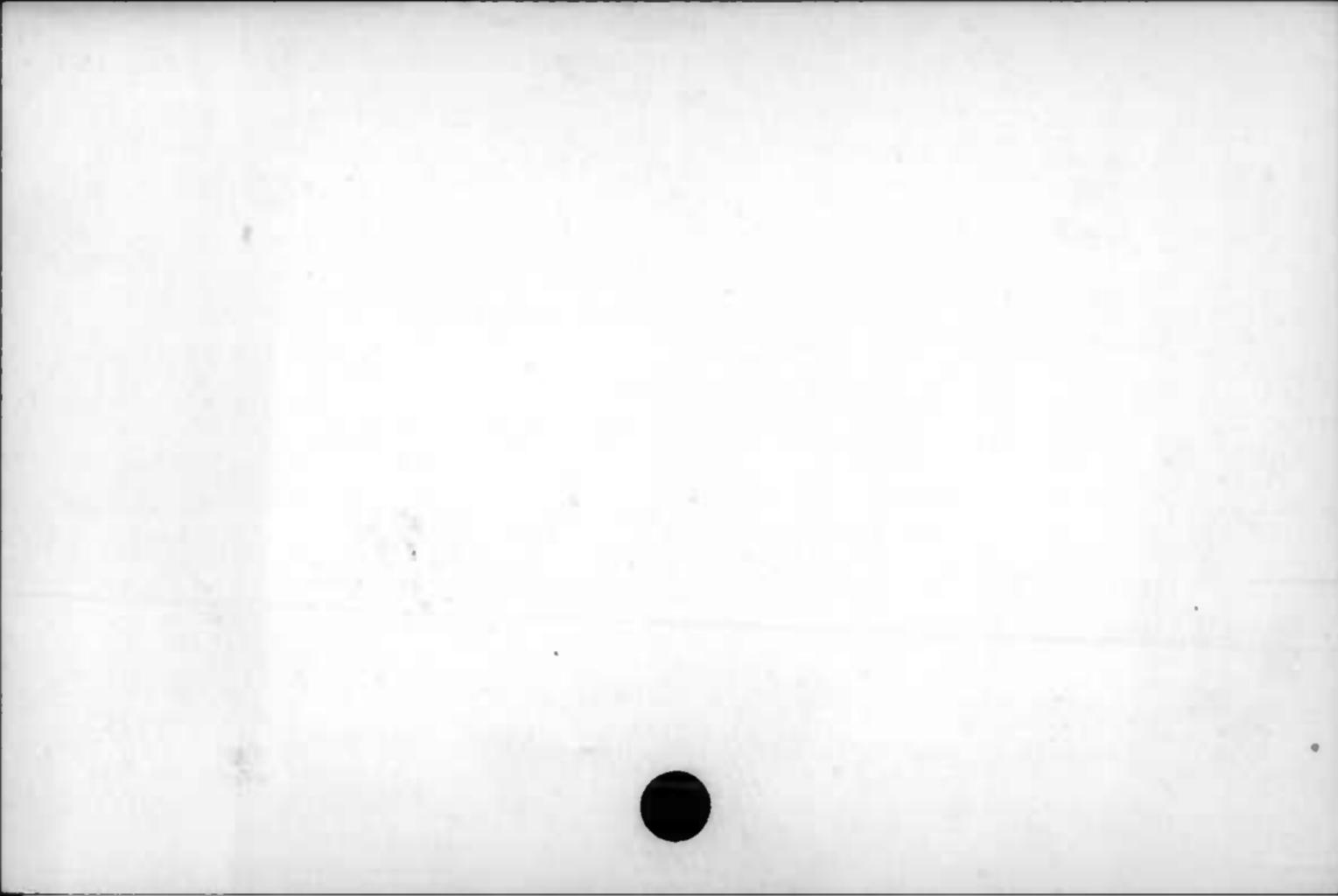
Signature of Physician

Address

J. R. Hunt M.D.

Laurel
Md

Accident or Suicide?



Name
in
Full

Lucinda Prather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

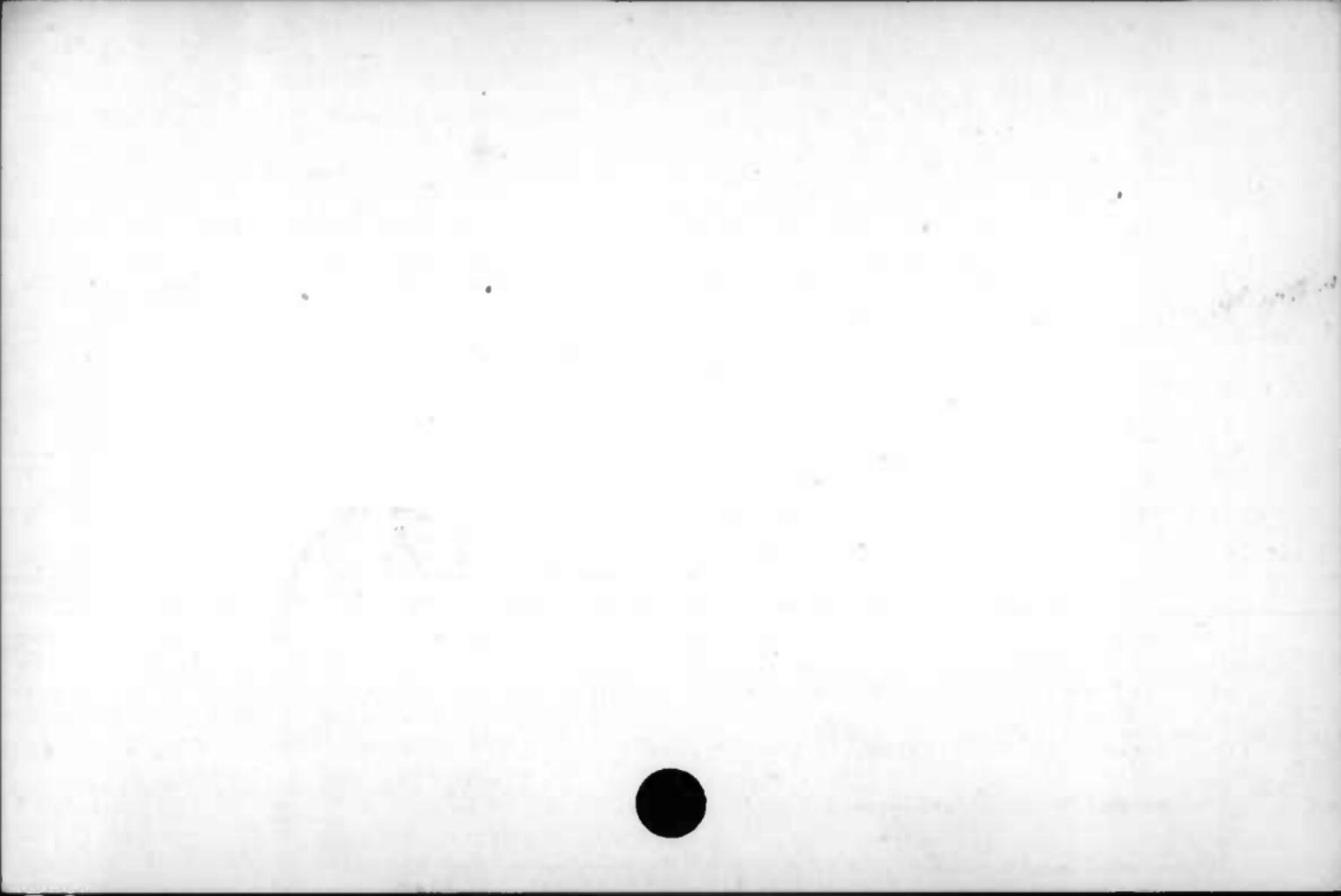
PHYSICIAN
OR CORONER

Died at	Town	savage	County	Howard	MARYLAND
Date of death	Month	11	Day	5	Years Months Days
Sex	Age	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joslin Prather				
Mother's Maiden Name	Frances Taylor				
Name of person giving information	Joslin Prather				

CAUSES OF DEATH

97

Primary	Asthma	How long	9 days
Immediate	Eclampsia	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wilhelmina M.D.
Address			Savage Md
Accident or Suicide?	Murder		



Name
in
Full

James Rush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Philadelphia, Pa.		
Father's Name	unknown			
Mother's Maiden Name	unknown			
Name of person giving Information	Dr. Wm. Gambrill			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary
fall from B&O R.R. freight train

How long

Immediate
run over and killed

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Bernard H. Wallenhorst, J.P.

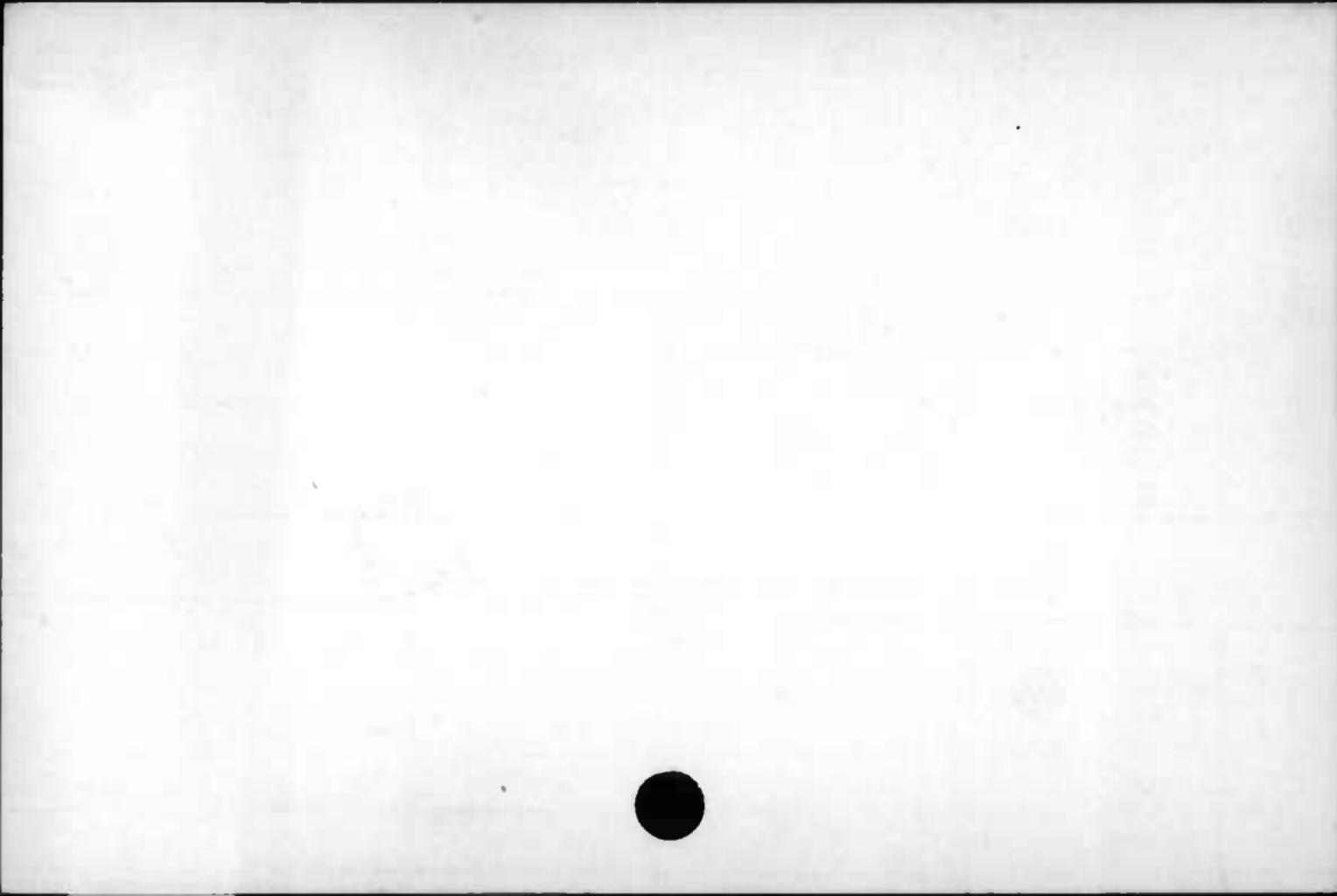
Address

Acting Coroner

Accident

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

Thomas Sanders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Eek Ridge	Howard			
Date of death	Month	Day	Years	Months	Days
1907	Nov.	21	Age 24	—	—
Sex	Male	Color or Race	Colored	Birth-place	Virginia
Occupation	Where Residing if not at place of death		Eek Ridge		
Married, Single or Widowed	Name or Wife or Husband		Lola Smallwood -		
Father's Name	Unknown		Father's Birthplace	Virginia	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving information	Samuel Cooper		How related to deceased	Friend.	

CAUSES OF DEATH

27

Primary	Acute tuberculosis	How long	9 or 10 mos.
Immediate	Starvation - Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M.R. Eareckson

Address

Eek Ridge, Md.

Accident or Suicide?



Name
in
Full

Francis L Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	Nov.	27	31	8	5		
Sex	Male	Color or Race	# White	Birthplace	Md.		
Occupation	Farm Laborer						
Married, Single or Widowed	Married	Name of Wife Husband	Mary Miles	Father's Birthplace			
Father's Name	Parents unknown. There was						
Mother's Maiden Name	an orphan, raised by parties who took him from a Home						
Name of person giving Information	B. W. Bowman.						

CAUSES OF DEATH

27

How long

About 3 years.

How long

PHYSICIAN
OR CORONER

Primary

Lung tuberculosis

Immediate

Exhaustion

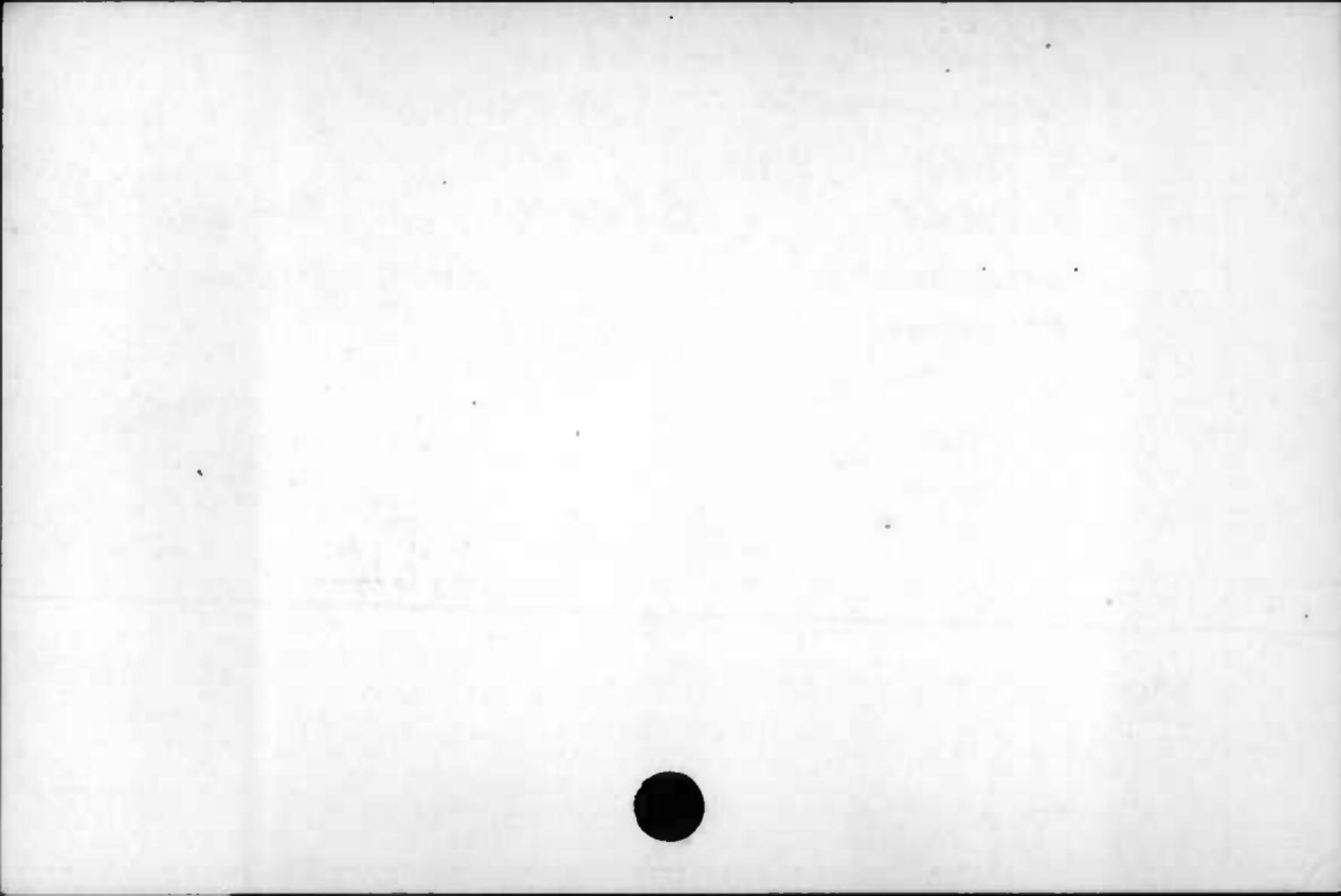
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Lacy.
Lisbon, Md.

Accident or Suicide?



Name
in
Full

James Snell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Edensville

County

Howard

MARYLAND

Date
of death

1907

Month

11

Day

26

Years

51

Months

Days

Age

Sex

Male

Color or
Race

Black

Birth-
place

Howard Co

Occupation

Laborer

Where Residing if not
at place of death

Edensville

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Name

Dennis Snell

Father's
Birthplace

Mother's
Maiden Name

Annie Matthews

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

94

Hour long

Primary

Heart

5 days

Immediate

Paralysis

6 lives

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

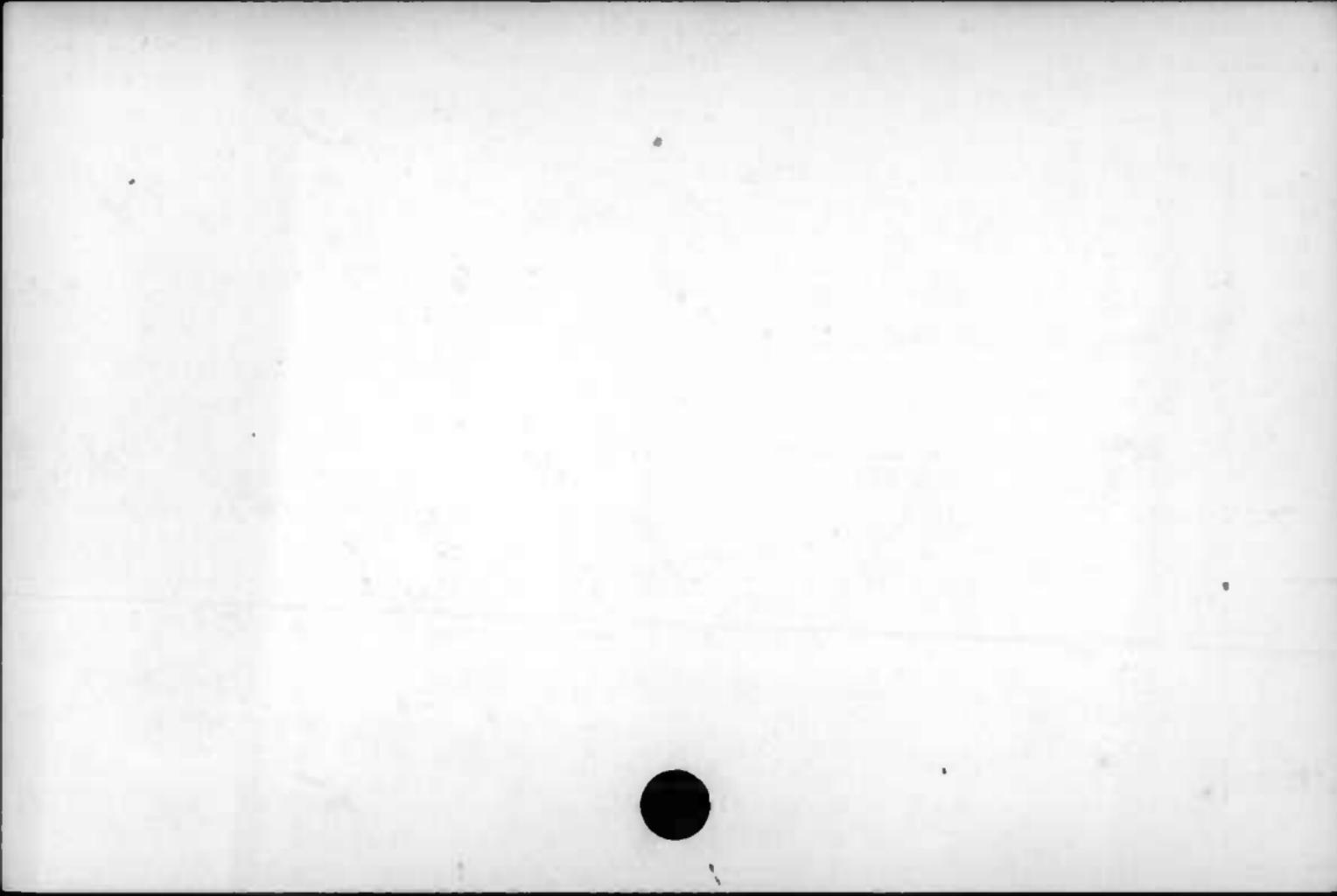
Address

J. R. Snell
Laurel road

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

Maria Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Savage

County

Howard

MARYLAND

Date

of death 1907

Month

11

Day

8

Years

6

Months

Days

Age

Sex

Female

Color or
Race

Negro

Birth-
place

Md.

Occupation

Infant

Where Residing if not
at place of death

at home

Married, Single
or Widowed

sing

Name of Wife or
Husband

Father's
Name

Joseph Wallace

Father's
Birthplace

Md.

Mother's
Maiden Name

Georgiana Bratty

Mother's
Birthplace

Md.

Name of person giving
Information

Louis Wallace

How related
to deceased

Father

Primary

Burns

167

How long

2 days

Immediate

Shock

How long

12 hr

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Linthicum M.D.

Address

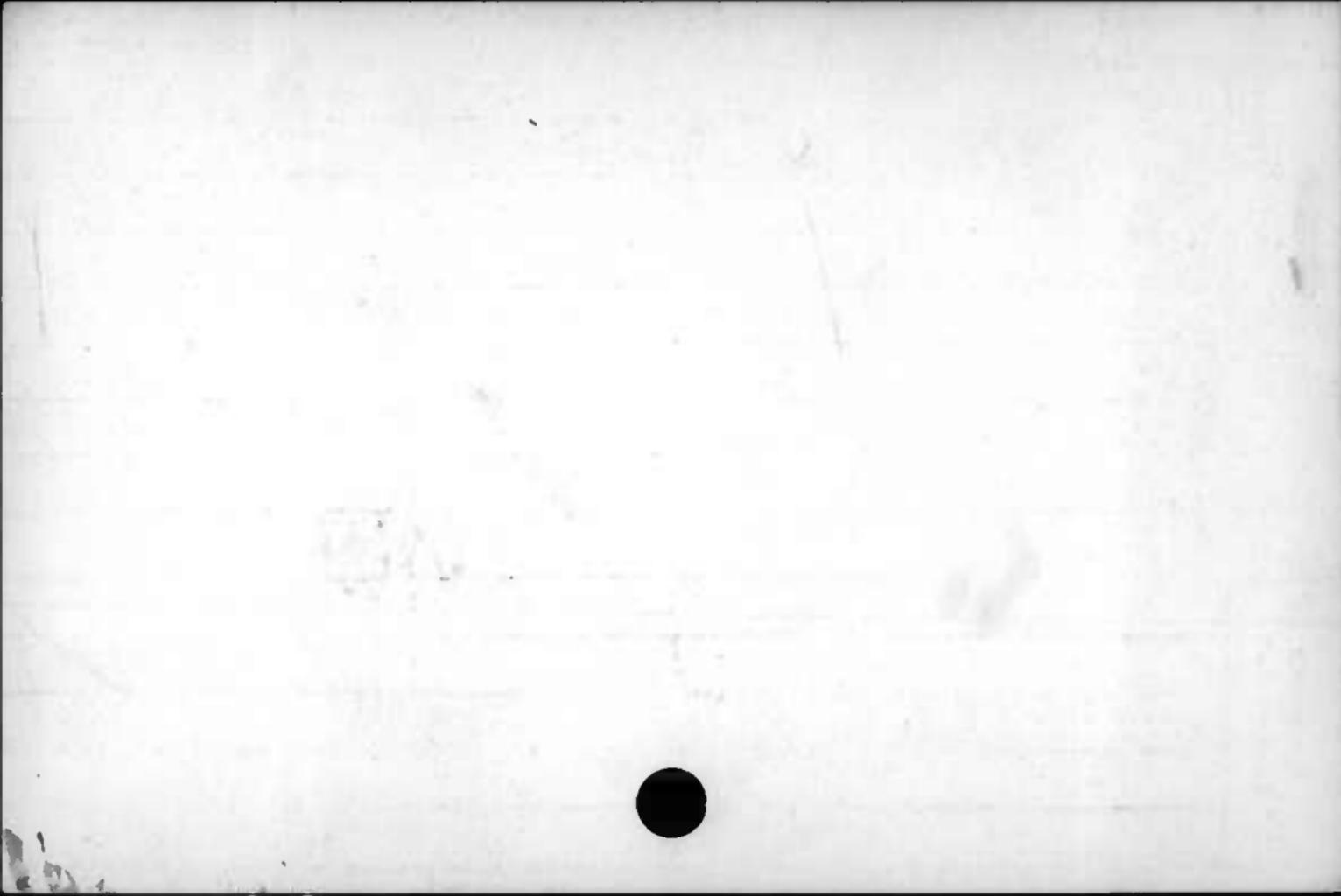
Savage

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Virginia Wetzel (one of twin births)

CERTIFICATE OF DEATH

Died at

Lisbon

Town

County

MARYLAND

Date
of death

1907

Month

Nov.

Day

11

Years

Age

Months

—

Days

—

Sex

Female

Color or
Race

white

Birth-
place

MD

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Howard G. J. Wetzel

Father's
Birthplace

MD

Mother's
Maiden Name

Agnes Hoppmaster

Mother's
Birthplace

MD

Name of person giving
Information

1

How related
to deceased

Mother

CAUSES OF DEATH

157

How long

Primary

Premature birth

How long

Immediate

Iived only a few
minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

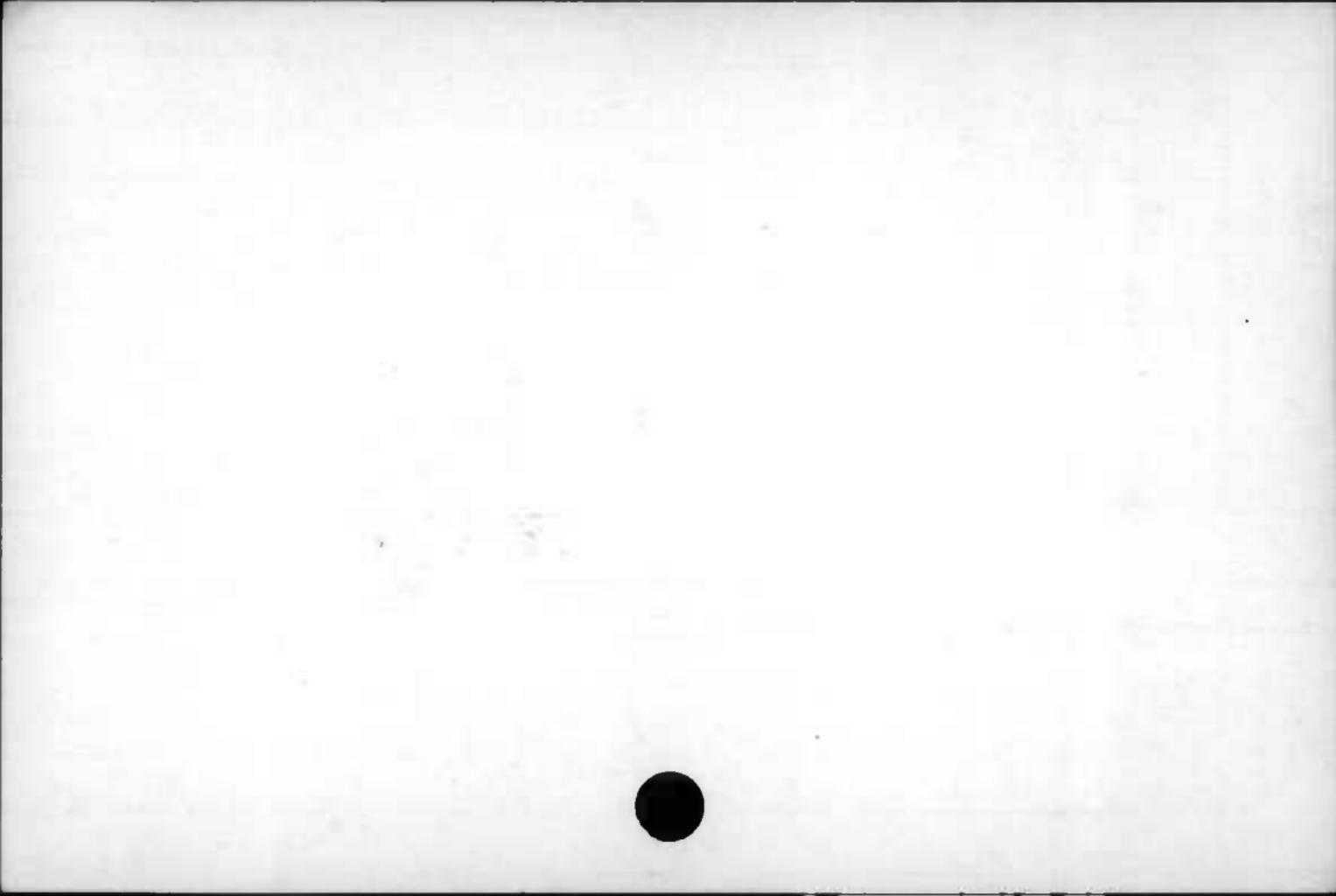
Address

J. W. Lacy

Lisbon

MD

Accident or Suicide?



Name
in
Full

Agnes Wetzel (one of twin birth),
Town

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Lisbon	County	Howard	MARYLAND		
Date of death	1907 Nov.	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Howard G. J. Wetzel			Father's Birthplace	Md	
Mother's Maiden Name	Agnes Stappmaster			Mother's Birthplace	Md	
Name of person giving information	"	(S)			How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born,	How long	—
Immediate	birth premature	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Lacy
		Address	Lisbon
Accident or Suicide?	—		Md.

